

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: ADMINISTRATION OF FREE RADICAL  
SCAVENGERS TO PREVENT OR TREAT  
ISCHEMIA-REPERFUSION INJURIES

Attorney Docket Number:: 720109.401

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: National Institutes of Health

Contract or Grant No:: R01 NS33618

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Edward  
Middle Name:: A  
Family Name:: Neuwelt  
Name Suffix::  
City of Residence:: Portland  
State or Province of Residence:: Oregon  
Country of Residence:: US  
Street of mailing address:: 4246 SW McDonnel Terrace  
City of mailing address:: Portland  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97201

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Leslie  
Middle Name::  
Family Name:: Muldoon  
Name Suffix::  
City of Residence:: Tigard  
State or Province of Residence:: OR  
Country of Residence:: US  
Street of mailing address:: 11155 SW 81ST Avenue

City of mailing address:: Tigard  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97223

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional claiming the benefit under 35 USC 119(e) of	60/412,494	09/20/02
This application	Non-provisional claiming the benefit under 35 USC 119(e) of	60/478,383	06/13/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Oregon Health & Science University
Street of mailing address::	2525 SW 1st Avenue, Suite 120
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97201

\417079\_1.DOC